



## COVID-19 Testing Specimen Submission Guidelines

### Specimen Collection

Please review guidelines recommended by the Centers for Disease Control and Prevention to ensure the appropriate infection control precautions are in place **before** collecting any specimens

(<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>).

Acceptable specimen types for collection:

#### 1. Upper Respiratory Specimens

- i. **Nasopharyngeal (NP) swab** only in viral transport media (VTM), Universal Transport Media (UTM) or Aptima Specimen Transfer Tube [Cat No. PRD-05110 or 301154C (green label)].

Please see the video for additional instructions on NP swab collection:

<https://www.youtube.com/watch?v=DVJNWefmHjE>

OR

- ii. **Oropharyngeal (OP) swab** in VTM, UTM or Aptima Multitest Swab Specimen Collection Kit [Cat. No. PRD-03546 (orange label)]

OR

- iii. **Nasal swab** in VTM, UTM or Aptima Multitest Swab Specimen Collection Kit [Cat. No. PRD-03546 (orange label)]

Swab specimens should be collected using only swabs with a synthetic tip, such as nylon or Dacron, and an aluminum or plastic shaft. Calcium alginate swabs are unacceptable and swabs with cotton tips and wooden shafts are not recommended. ES swabs in Amies media are currently not a valid specimen type for COVID-19 testing.

A health care facility that requires swabs or transport media should contact the DC DFS PHL via email ([DFS-COVID19@dc.gov](mailto:DFS-COVID19@dc.gov)) to request collection supplies. Please indicate how many kits you require in the email. Swabs and transport media should only be used for testing conducted at DFS PHL.

#### 2. Lower Respiratory Specimens

- i. **Sputum**- Have the patient rinse the mouth with water and then expectorate deep cough directly into a sterile, leak-proof, screw-cap sputum collection cup or a sterile dry container.
- ii. **Bronchoalveolar lavage (BAL)** - Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.



## Specimen Storage

**All specimens must be refrigerated (2-8°C) promptly after collection and couriered/shipped on cold packs within 72 hours.** Specimens being held for >72 hours must be stored at -70°C and couriered/shipped on dry ice. Please do not freeze specimens if courier pick up will occur within 24 hours. It is very important that you contact [DFS-COVID19@dc.gov](mailto:DFS-COVID19@dc.gov) as soon as the specimen is collected so that a courier can be ordered to pick up the specimen.

## Paperwork

Any specimen being sent through the DC DFS PHL must have the following paperwork accommodating the specimen:

1. [DC DFS PHL External Chain of Custody \(CoC\)](#)
2. [DC DFS PHL Test Requisition Form](#)

All paperwork can additionally be found on DC DFS PHL's website under forms and documents:

<https://dfs.dc.gov/publication/phl-forms-and-documents>

Only one DC DFS PHL test requisition form (example provided below) and one chain of custody for each set of specimens is required for testing.

If you would like to be signed for the DFS PHL web portal which allow for electronic ordering and PDF report, please email [DFS-COVID19@dc.gov](mailto:DFS-COVID19@dc.gov)

Please ensure that all specimens submitted and their respective test requisition form has the following information on it:

- Full name of patient
- Date of birth
- Unique patient identifier (e.g., medical record number, patient ID)
- Date and time of specimen collection

Incorrectly labeled requisitions and specimens will result in testing delays.

## Courier Request

Once specimens are ready for pick up and the appropriate paperwork is completed, please email [DFS-COVID19@dc.gov](mailto:DFS-COVID19@dc.gov) using the following template to request a courier:

- Sample type (NP/OP)
- Storage conditions (refrigerated/frozen)
- Name of Facility
- Address of Facility (including the room number)
- Point of Contact
- Point of Contact Phone Number

Do NOT include patient identifiers in the body of the email.

**Please contact the DC Department of Forensic Sciences Public Health Laboratory for questions pertaining to testing Phone: 202-727-8956 (Monday-Friday from 8:30am-5:30pm) | 202-868-6561 (after-hours calls) | Fax: 202-481-3936 Email: [DFS-COVID19@dc.gov](mailto:DFS-COVID19@dc.gov)**



Example of PHL Test Requisition Form (1 per patient)



District of Columbia • Department of Forensic Sciences • Public Health Laboratory  
401 E Street SW • 4<sup>th</sup> Floor • Washington, DC 20024 • Phone (202) 727-8956 • Fax (202) 481-3464  
General Laboratory Services Request Form  
PHL Director: Anthony Tran, DrPH, MPH, D(ABMM)  
CLIA#: 09D0968273



Patient Information		*Required Information	
Last Name*	First Name*	Middle Initial	Suffix
Date of Birth* (MM/DD/YYYY)	Sex* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	If Female, Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Address	City*	State*	ZIP
Sample ID (Laboratory ID, Outbreak#, Zika#, etc.)*	Medical Record Number		
Name of Submitting Hospital, Laboratory, or other Facility*		Healthcare Provider NPI #*	
Health Care Provider	Last Name*	First Name*	
Address (include room)*	City*	State*	Zip*
Primary Contact (if not the Health Care Provider)	Last Name	First Name	
Telephone #* (primary)	Secure Fax #**	Email	
** Final report will be sent to the fax number above			

Specimen Information	
Date of Collection* (MM/DD/YYYY)	Time of Collection*:
Reason for Submission* <input type="checkbox"/> Diagnostic	DC Health Contact:
Specimen Type (check all that apply) <input type="checkbox"/> Blood Culture Bottle <input type="checkbox"/> Isolate <input type="checkbox"/> Cary-Blair <input type="checkbox"/> E-Swab <input type="checkbox"/> Swab <input type="checkbox"/> UTM <input type="checkbox"/> VTM <input type="checkbox"/> Slide <input type="checkbox"/> Sterile Container <input type="checkbox"/> Blood Tube (Plasma, Serum or Whole Blood) <input type="checkbox"/> Other (specify) _____	
Specimen Source* <input type="checkbox"/> Abscess <input type="checkbox"/> Blood <input type="checkbox"/> Bronchoalveolar Lavage <input type="checkbox"/> Bronchial Wash <input type="checkbox"/> Buccal <input type="checkbox"/> CSF <input type="checkbox"/> Endocervical <input type="checkbox"/> Nasopharynx (NP) <input type="checkbox"/> Oropharynx (OP) <input type="checkbox"/> NP/OP <input type="checkbox"/> Plasma <input type="checkbox"/> Rectal <input type="checkbox"/> Serum <input type="checkbox"/> Sputum, expectoration <input type="checkbox"/> Sputum, induced <input type="checkbox"/> Stool <input type="checkbox"/> Throat <input type="checkbox"/> Tissue <input type="checkbox"/> Urethral <input type="checkbox"/> Urine <input type="checkbox"/> Vaginal <input type="checkbox"/> Other (specify) _____	

BT RULE-OUT <sup>§</sup>	MOLECULAR
<input type="checkbox"/> <i>r/o B. anthracis</i>	<input type="checkbox"/> Ebola (PCR) <sup>+</sup>
<input type="checkbox"/> <i>r/o Brucella sp.</i>	<input type="checkbox"/> Novel Influenza (PCR) <sup>+</sup>
<input type="checkbox"/> <i>r/o Burkholderia sp.</i>	<input type="checkbox"/> Norovirus (PCR)
<input type="checkbox"/> <i>r/o F. tularensis</i>	<input type="checkbox"/> Middle East Respiratory Syndrome (MERS-CoV) (PCR) <sup>+</sup>
<input type="checkbox"/> <i>r/o Y. pestis</i>	<input type="checkbox"/> Chlamydia trachomatis and Neisseria gonorrhoeae (TMA)
<input type="checkbox"/> Other(specify): _____	<input type="checkbox"/> Mumps (PCR) <sup>+</sup>
MICROBIOLOGY/GENERAL BACTERIOLOGY	<input type="checkbox"/> Measles Virus (PCR) <sup>+</sup>
<input type="checkbox"/> OCME	<input type="checkbox"/> Arbovirus Detection Panel (chikungunya, dengue and Zika) (PCR) <sup>+</sup>
<input type="checkbox"/> Referred Isolates	<input checked="" type="checkbox"/> COVID-19 (PCR) <sup>+</sup>
	SEROLOGY
	<input type="checkbox"/> Measles Virus (IgG) <sup>+</sup>
	<input type="checkbox"/> Zika Virus (IgM) <sup>+</sup>
	VIRAL CULTURE
	<input type="checkbox"/> Respiratory DFA with Reflex to Viral Culture (Adenovirus, Respiratory Syncytial Virus, Influenza A, Influenza B, Parainfluenza 1, 2 & 3)
	OTHER TESTS
<input type="checkbox"/> Test Name (specify) _____	

+ DC Health must approve testing prior to sending any isolate or specimen to the Public Health Laboratory  
§ Call the Public Health Laboratory prior to sending any suspected isolate or specimen